		AND HUMAN SERVICES				FORM /	05/04/2007 \PPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G072	B. WING			R - 04/1 <u>9</u> /2007	
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP COD 318 45TH PLACE, NE	E	
RCMO	F WASHINGTON			٧	VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
{W 000}	INITIAL COMMEN	TS	{w c	000}		٠	
	conducted to verify of Client Protection be in compliance of the survey were group home and it and the review of reports and admin	a follow-up survey was a compliance with the Condition as previously determined to not an March 9, 2007. The findings based on observations at the atterviews with staff and clients, records including incident istrative records. The progress of the progress of the property of the progress of the progr					
'{W 104}	Client Protections	had not been met.	{W	104)			:
	The governing boo budget, and opera	dy must exercise general policy, ting direction over the facility.				2001 MAY	BEPARI FIEAL ADH
	Based on observa	is not met as evidenced by: tion, staff interview and record is Governing Body failed to perating direction over outside				29 P 4:4	MENT OF HEAD
	The findings inclu-	de:					#
	effective monitoring	overning body failed to have an ng system to ensure client safety ion, as evidenced by the					
	clients and staff b Chevrolet Venture driveway. A stick plate indicated that	07, at approximately 8:50 AM, egan loading into a grey e minivan that was parked in the er observed on the Ohio license at the registration had expired and attendant looked at the					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the additity. If deficiencies are classified an approved plan of correction is requisite to continued program participation.

	TO T OIL WILDION IN	A WILDIOAID SERVICES	· · · · ·			CIMP INC	<u>. 0936-039 I</u>
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE S COMPLI	ETED
		09G072	B. WII	B. WING		R 04/19/2007	
NAME OF P	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE		
RCMO	F WASHINGTON			1	I318 45TH PLACE, NE	,	
				١	WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{W 104}	Continued From pa	ge 1 onfirmed the expired tag. A	{W 1	04}	<u> </u>		
	direct support staff	person overheard the	Ì				
		nt back inside the facility. At					
Ì		, the staff person returned to					ļ :
.		rmed this surveyor that they					1
:	planned to apply to	tration sticker, which they the license plate					
	piamica to apply to	the hearte plate.					į
		0:38 AM, the Qualified Mental					
		sional (QMRP) stated that he					
		ware of the expired sticker. gun employment with the					
		2006. The Chief Operating		٠	The registration sticker has placed in	the van.	4-19-07
	Officer (COO) was	present at the time of the					
	interview. She state	ed that the previous QMRP					
	October but failed t	ew registration sticker in oplace it on the license plate,					
	for reasons not kno	wn. She indicated that vehicle					
	safety inspections v	vere not required in Ohio and				•	
l	recommended (date	afety Committee" had e not indicated) that the					
	agency register all	of its vehicles, including the					
]	grey minivan, in the	District of Columbia. Further					!
İ	interview revealed t	hat the minivan had been in					
	use by the facility to specified) and had l	or years (length of time not been in and out of the repair		•	On April 19, 2007, a replacement reg sticker was immediately requested by	Jistration	
	shop recently, inclu	ding after two accidents.			governing body from the Department	of Motor	4-19-07
		·			Vehicles (Ohio). A replacement sticke	er was	
1	On April 20, 2007 (post-survey), the QMRP			immediately sent to the governing bo on the van. The date of the replacem	dy to place	
	registration and stic	ansmittal photocopies of the			coincides with the date (April 19, 20		
	registration revealed	d "Reg. Date 4/19/07" and			date the governing body requested t	he ·	
	"Issue Date 4/19/07	"." Further review of the			replacement sticker. The odometer re	ading on	
	registration revealed	d an odometer reading of 116			registration paperwork was the odom van when it was originally purchased	everorme I.	
	vehicle was purchas	a reading taken at the time the sed in Ohio, on 8/4/03).			In the future, the governing body will that the van has an updated registrat	ensure	
	b. On April 19, 2007	7, at 8:59 AM, Clients #1, #3,					
	#5 and #6 were obs	erved seated in a grey			Refert to attachment #1		

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		09G072	B. WIN	B. WING		04/19/2007	
	ROVIDER OR SUPPLIER WASHINGTON		-	13	EET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE (ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 104}	#4 was buckled in. staff person was of to buckle their seat voiced their objection seatbelts. No addit the clients and at 9 backing down the control of the clients and at 9 backing down the control of the clients. Clients are seatbelts. Clients are seatbelts "It This surveyor informandates the use of the driver and attered for Clients #1, #3 are objections noted from the control of the cont	eir seatbelts secured. [Client At 9:02 AM, a direct support observed instructing the clients shelts. Clients #1 and #3 ons and physically rejected the tional prompts were given to :04 AM, the van began driveway. This surveyor e and asked to see everyone's #1, #3, #5 and #6 were not hatch, sitting in the front ated that none of the clients is like this every morning." med everyone that the law of seatbelts for all passengers. Indant fastened the seatbelts and #5, without further om the clients. When asked still not buckled in, the driver stated that there was no seatbelt e was seated. When 7 AM, the QMRP stated that busly brought this problem to	{W 1		The safety training goal on (seat bel mplemented by the Qmrp. The in-se training was completed to ensure ear a seat with a seat belt. In the future the management team that all of the clients are buckled up transportation. Refer to attachment #2	ch client has will ensure	4-20-07
	with Clients #3, #5 attendant said Clients # in. When queried, unbuckled their sea unbuckled Client # the back seat (2 be she had unfastene into the driveway, had not been recept	nivan returned to the facility and #6. The driver and nts #1 and #4 were still at day is, #5 and #6 were not buckled staff said they had just atbelts. When asked how they is seatbelt, who was seated in enches back), they replied that id her own belt as they pulled Client #5, who is elderly and otive to communications with r in the day, hurriedly got off tered the facility.			All seat belts were checked by the Fa Coordinator, and the Safety Commit Chairman to ensure that all seatbelts functional. A checlist form was devel be used during the Vehicle inspection Currently, clients are transported in to different vans to ensure that everyon seat belt (Staff and individuals). Refer to attachment #3	tee s are opped to n report, two	4-20-07

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G072	B. WIN	G		04/19/2	
NAME OF P	ROVIDER OR SUPPLIER	-		STR	EET ADDRESS, CITY, STATE, ZIP CODE		
RCMO	WASHINGTON			-	318 45TH PLACE, NE		
				W	ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 104}	Continued From pa	age 3	{W 1	04}			
{W 122}	2. The governing to effective system to management polici	ensure that agency's incident es and procedures were W149, W153 and W154]	{W 1:				
3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		sure that specific client				,	
{W 149}	Based on observat review, it was demicdirect care staff and all injuries of unknown failed to adequately transportation serve [W104.1 and W159]. The findings of the the facility's continuation govern the facility in that its clients were potential harm. 483.420(d)(1) STA CLIENTS The facility must depolicies and proceed mistreatment, negligible of the policies and proceed mistreatment, negligible on observation and individual server and proceed mistreatment, negligible on observations.	ices to ensure client safety 9.1]. se systemic practices results in ued failure to adequately in a manner that would ensure a protected from injuries and implement written	- {W 1		The Qmrp, the nurse as well as the were in-serviced on the incident mar. In the future, the Qmrp will ensure the incidents (known and unknown origins on the timely manner, and that the frinvestigation is be completed. Both incidents that occurred on that fully investigated. In the futue the Quensure that all incidents are reported also adequately monitor the in-home transportation to ensure clients safet. Refer to attachment #4 Refer to attachment #2 P. 3	nagement. nat all in) are report ull day were mrp will , and he will	4-20-07 ed

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI	ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
		09G072	B. WIN	IG		R 9/2007	
	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, Z 1318 45TH PLACE, NE WASHINGTON, DC 20019	 		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
{W 149}	designated administ origin. The finding includes Cross-refer to W15 #4 showed this sun and left arms. Two observed the bruises to the anurse, Designated QMRP before the ewith facility policies. The QMRP was infrapproximately 3:15 facility at approximately at approximate nurse to assess completing an incid with facility policies.	t management coordinator and strator of injuries of unknown 3. On April 19, 2007, Client veyor bruises on both her right of direct support staff who es that morning failed to bring ttention of the medication Nurse, House Manager or the end of their shift, in accordance or med of the bruises at PM. The QMRP then left the ately 4:51 PM without asking the client's arms or lent report form, in accordance	{W 1	The Qmrp, the nurse as wel were in-serviced on the inc. In the future, the Qmrp will incidents (known and unkn on the timely manner, and t investigation is be complete Both incidents that occurre fully investigated. In the fut ensure that all incidents are also adequately monitor the transportation to ensure clic Refer to attachment #4 Refer to attachment #2 P. 3	ident management. ensure that all own origin) are repor that the full d. d on that day were ute the Qmrp will reported, and he will ents safety.		
	that neither she nor were aware of bruis #4, more than 10 he observed the bruise It should be noted the bruises were see The client's psycholoehavior support pleasure of the OMRP and the indicated that they the due to a target behavior plan reveal	linator at 5:12 PM revealed the designated administrator ses of unknown origin on Client ours after staff had first		The Qmrp, the nurse as wel were in-serviced on the inc In the future, the Qmrp will incidents (known and unkn on the timely manner to the Refert to attachment #4 The Behavlor Specialist ins BSP, including the proper d and data collection. The 3rd quarterly addresses herself, and the addendum	ident management. ensure that all own origin) are repore appropriate parties. erviced on client #4 ocumentation, s the issue of pinching	5-16-07	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G072	B. WI	NG_		1	R 9/2007
	PROVIDER OR SUPPLIER F WASHINGTON			1	REET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	-IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE .	(X5) COMPLETION DATE
{W 149}	areas on her arms 483.420(d)(2) STA CLIENTS The facility must er mistreatment, negleinjuries of unknowr immediately to the officials in accordar established proced This STANDARD Based on observat facility failed to reporigin immediately the five clients residence of the finding include. On April 19, 2007, upon entry to the factor a bruise on her ubruise was a dark the around the outside. (S1) stated that the AM, another direct entered the room a the bruise, the staff "How did you do the but pointed again at told her "we'll have the morning medic approximately 7:25 showed this survey her upper right arm	and neck. FF TREATMENT OF Insure that all allegations of ect or abuse, as well as a source, are reported administrator or to other nice with State law through ures. It is not met as evidenced by: ion and staff interview, the ort all injuries of unknown to the administrator, for one of ding in the facility. (Client #1)	{W 1	-	-	ation. e of pinching	5-16-07 4-28-07.

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	IULTII	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN C	O CORRECTION	INCATION NOMBER.	A. BU	ILDIN	G	R	
		09G072	B. WI	NG _	<u> </u>	04/19/2007	
	ROVIDER OR SUPPLIER F WASHINGTON			1:	REET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE VASHINGTON, DC 20019	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 153}	the six clients left frapproximately 8:50 Manager answered had sustained bruis days. [It should be a client had fallen the aclient had sustained any bruis Designated Nurse conversation. Whe AM, the Designated had pulled her toer month before. One behaviors in her be "picking her skin ar QMRP confirmed the (dated July 2006) at 2:51 PM, the QMRP greented the assessment, dated picking at "cuticles excoriated areas owas no evidence, in herself or otherwise. The QMRP agreed "pick" describe two review of Client #4 revealed that she had the there were no incided approximately 3	or day program at AM. At 9:20 AM, the House I "no" when asked if anyone ses or cuts during the past few noted that she was aware that that morning in the bathroom.] 148 AM, the medication nurse eaving the facility. When ent #4 was "fine" and had not ses in recent days. The was present during the en asked at approximately 9:55 d Nurse stated that Client #4 hail off approximately one of the client's target shavior support plan (BSP) was not nails." At 11:08 AM, the his and presented the BSP	{W 1		The Qmrp, the nurse as well as the st were in-serviced on the incident mar In the future, the Qmrp will ensur tha incidents (known and unknown origin on the timely manner to the appropriate Behavior Specialist inserviced on BSP, including the proper document 3rd quarterly addresses the issue of pherself, and the addendum was com Refer to attachment # 5	nagement. at all n) are report ate parties. client #4 ation. pinching	4-20-07 ed 5-16-07 The 4-28-07.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		09G072	B. WIN		04/19/2007
	ROVIDER OR SUPPLIER F WASHINGTON			STREET ADDRESS, CITY, STATE, ZIP COL 1318 45TH PLACE, NE WASHINGTON, DC 20019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE COMPLÉTION
{W 153}	The QMRP was ab approximately 4:50 indicated that there prepared thus far founknown origin. At 5:12 PM, intervie facility's Incident Mirevealed that she with Client #4 had bruis: #6 had fallen in the morning. The facility policies require tha support staff should origin to the attention QMRP and/or nurs: While Client #6 had after the fall, Client assessed by nursing this surveyor broug Quality Assurance evening. 483.420(d)(3) STAICLIENTS The facility must haviolations are thoro	hift. He indicated that he was a of any bruises on Client #4. out to leave the facility at PM. When asked, he was no incident report or Client #4's bruises of ew by telephone with the anagement Coordinator was previously unaware that es on her arms, or that Client bathroom at 6:00 AM that ity's incident management to upon discovery, direct dibring injuries of unknown on of the House Manager, es before the end of their shift. If been assessed that morning #4's bruises were not go staff until 5:30 PM, when the it to the attention of a officer who was on-site that	{W 1	Refer to W 153 P. 7	4-20-07 & 5-15-07
	origin (bruises) obs	erved on Client #4.			
				ı	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	TIPLE CONSTRUC	(X3) DATE SURVEY COMPLETED		
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		09G072	B. WING	_		04/1	9/2007
1	ROVIDER OR SUPPLIER F WASHINGTON		s	TREET ADDRESS, 1318 45TH PLAC WASHINGTON	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	IDER'S PLAN OF CORRI CORRECTIVE ACTION SI EFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{W 154}	Continued From pa	ge 8	{W 154	1} [
	#4 pointed to a brui support staff person pinches herself. At support staff person saw the bruise. At this surveyor anoth The morning medic between 7:25 AM - from the morning s to the attention of the Designated Nurse, Review of Client #4	i3. On April 19, 2007, Client ise on her left arm. A direct in (S1) stated that the client it 7:11 AM, another direct in (S2) entered the room and 8:28 AM, Client #4 showed er bruise on her right arm. Eation nurse was in the facility 9:48 AM. Direct support staff hift failed to bring the bruises in emedication nurse, House Manager or the QMRP,		Refer to W	153 P7		-20-07 & -15-07
{W 159}	behavior of picking and excoriated area approximately 3:15 of the bruises. At 5:12 PM, the fact Coordinator stated was unaware of Cliapproximately 5:30 asked if incident reclient has a known Designated Nurse a difference between areas versus pinching He proceeded to as and the Quality Asson-site that evening more than ten hour bruises. 483.430(a) QUALIF RETARDATION PE	ROFESSIONAL treatment program must be	{W 158	Refer to W	153 P7		20-07 & 5-15-07
	integrated, coordinate	treatment program must be atted and monitored by a					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
Ĺ		09G072	B. WIN	G	04/	R 1 9/2007	
	ROVIDER OR SUPPLIER F WASHINGTON			STREET ADDRESS, CITY, STATE, Z 1318 45TH PLACE, NE WASHINGTON, DC 20019		-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
{W 159}	1	age 9 ardation professional.	{W 15	59}			
). .2.	Based on observat review, the facility of Professional (QMR	is not met as evidenced by: ion, staff interview and record Qualified Mental Retardation P), failed to adequately and coordinate each client's			·		
i	monitor the transport the six clients resid support staff indica seatbelts every mo programs. The minexpired tags (since interviewed on April	V104.1. The QMRP failed to prtation services provided for ing in the facility. Direct ted that clients refused to use rning en route to their day nivan used by the facility had October 2006). When he was I 19, 2007, beginning at 10:37 ted that he was previously		Refer to W 104 P. 2, 8	. Р. З	4-19-07 & 4-20-07	
	ensure that direct s as indicated for Clie outlined in a March care plan update. \	V192. The QMRP failed to upport staff received training ent #2's bathing needs, as 1, 2007 health maintenance When interviewed, the QMRP ad not verified the staff had		An update in-service for ba female client was completed emphasis on client #2 HMCI In the future, the nurse the in-service the staff as soon a	l with special o, nurse will immediate	5-16-06 ly d.	
W 192	monitor Client #6's ensure that she recorthosis for her righthe Physical Therap 483.430(e)(2) STAR	/436. The QMRP failed to physical therapy needs, to eived a dynamic ankle foot t ankle, as recommended by pist on August 14, 2006. FF TRAINING PROGRAM work with clients, training	W 19	The ankle orthosis for client 5-23-07 from AliMeds Inc. T is G5004. In the future, the LPN will el PT recommendations are fol timely manner.	he comfirmation #	d on 6-01-07	

			1	LDIN	G	(X3) DATE SURVEY COMPLETED	
	<u> </u>	09G072	B. WIN	NG_	····	04/1	R 1 9/2007
	PROVIDER OR SUPPLIER F WASHINGTON			1.	REET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 192	;	and competencies directed	W	192			
	On April 19, 2007, t evidence that direct Client #2 with bathin methods to prevent	s not met as evidenced by: he facility failed to show support staff who assisted ng had received training on urinary tract infections.		,			
	approximately 9:23 LPN stated that Clie care physician (PCI and began receiving According to the LP client on April 11, 20	at.3. On April 19, 2007, at AM, the Designated Nurse ent #2 was seen by his primary on the day before (4/18/07) and Amoxicillin that evening. No the PCP had evaluated the 2007 and diagnosed a urinary. Client #2 reportedly had					
{W 322}	Management Care procedure: "Gently pack and wash it an assigned to direct care plan required to was asked whether assisting the client vineed to clean under reported that he had Control" training, to 5, 2007. However, I sign-in sheets and/o	date to Client #2's Health Plan included the following pull the foreskin of the penis id the head." This was are staff, who according to the raining. At 4:01 PM, the LPN staff had been training on vhile bathing (specifically the the foreskin). The LPN if conducted "Infection include that topic, on January he was unable to locate staff or the agenda of topics he purported training could	(W 32		An inservice on UTI was completed b In the future the LPN will train the sta on the health management care plan it revised, and updated. Refer to attachement #6	each time	5-16-07

		O MEDIONID SERVICES		_		CIVID INC.	<u> </u>
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		IPLE CONSTRUCTION IG	(X3) DATE SI COMPLE	URVEY :
		09G072	B. WIN	IG _		R 04/19/2007	
	ROVIDER OR SUPPLIER F WASHINGTON			STREET ADDRESS, CITY, STATE, ZIP COI 1318 45TH PLACE, NE WASHINGTON, DC 20019			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL, SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
{W 322}	Continued From pa The facility must pr general medical ca	ovide or obtain preventive and	{VV 3	22}			
	Based on observati review, the facility f preventive care for in the facility. (Clier	·					
	care staff and the n Client #6 had fallen The client was obset with an unsteady gradles for balance as room. Review of the assessment, dated that she was to use orthosis for her right evidence, however, team ensured that	V436. On April 19, 2007, direct nedication nurse reported that that morning in the bathroom. erved that moming walking ait, using furniture and the sake moved from room to be client's Physical Therapy August 14, 2006, revealed a "dynamic ankle foot at ankle." There was no that the facility's medical Client #6 received a dynamic for her ankle in the 10 months			The ankle orthosis for client #6 has b on 5-23-07 from AliMeds Inc. The co # is G5004. In the future, the LPN will ensure that PT recommendations are followed on timely manner.	mfirmation (the	-01-07
	Designated Nurse I was being receiving urinary tract infection had a history of UT document impleme 2007 care plan to a evidence that direct on the care plan up	/331.3 On April 19, 2007, the LPN reported that Client #2 parameters and (UTI). The client reportedly is. The facility failed to intation of the client's March 1, ddress urology. There was no care staff had been trained date (which included specific used during bathing), or that as monitoring the			An inservice on UTI was completed by In the future the LPN will train the sta on the health management care plant it revised, and updated. The RN will implementation of the HMCP. Refer to attanchement #6	iff each time	5-16-07

<u> </u>	13 I ON WEDICARE	& MEDICAID SERVICES			OWB NO	. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ULTIPLE CONSTRUCTION LDING	(X3) DATE S COMPL	ETED
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{W 322}	Continued From pa		{W 32	22}		
{W 331}	implementation of t 483.460(c) NURSIN		{W 33	31}		
-	The facility must pro services in accorda	ovide clients with nursing nce with their needs.				
	Based on interview failed to provide each in accordance with					
	Client #6 received a for her right ankle, a	e: sing staff failed to ensure that dynamic ankle foot orthosis as recommended by the on August 14, 2006. [See		The ankle orthosis for client on 5-23-07 from AliMeds Ir # is G5004. In the future, the LPN will e PT recommendations are followed timely manner.	nc. The comfirmation nsure that the	6-01-07
	submitted a Self-Me Client #2 as an attar Correction. On Apr 1:00 PM, review of thowever, revealed a contradicted by inte. Nurse LPN. The as Designated Nurse L August 26, 2006. A LPN revealed that h facility in November August 2006 date, that time. It shou documented evidence self-medication assessment's assessment's auther at that time.	the March 9, 2007 by (W371), the facility bedication Assessment for chment to the Plan of il 19, 2007, at approximately the self-med assessment, a date and signature that was rview with the Designated sessment had the current PN's signature and was dated to 1:09 PM, interview with the e began employment in the 2006. When asked about the nere was no response. The nticity could not be validated lid be noted that there was no ce that the August 26, 2006 essment (Client #2) had been stered Nurse, as required.		Thet Self medication Asses by the former designated not the current LPN; however, he date of revision on the In the future the LPN will will date the Self Medication Asset (Ex evaluation date 8-26-0 revised 4-20-07).	urse, and revised by ne failed to write assessment. rite, and sign the essment was revised.	4-20-07

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ORGO72 NAME OF PROVIDER OR BUPPLIER R C M OF WASHINGTON REGULATORY OR ISE DENTIFYING INFORMATION) (P41) I REGULATORY OR ISE DENTIFYING INFORMATION) (P42) I REGULATORY OR ISE DENTIFYING INFORMATION) (P43) Continued From page 13 3. On April 19, 2007, at approximately 9-23 AM, the Designated Nurse LPN stated that Client #2 reportedly had recurrent UTIs. When asked if the client wars protective undergarments, the LPN responded "only when he is incontinent." The LPN did not believe that the client had worn protective undergarments in the Client #2 received Lactulose daily for treatment of chronic constipation. At 9-52 AM, the Designated Nurse LPN presented Client #2 received Lactulose daily for treatment of chronic constipation. At 9-52 AM, the Designated Nurse LPN when asked about the omission, the LPN went into the nurse office. He returned 15 Inhitutes later with an updated care plan sheet that was dated March 1, 2007; it addressed unology. The LPN stated that he had found it filled in the ISP book. At 11:11 AM, the LPN presented another update sheet, this one was dated April 1, 2007 and addressed constipation. Review of the two care plan speaks the LPN's signature on each. When asked, the LPN stated 1 do care plans" and he had received training via MRDDA (now DDS). Neither the March 1, 2007 and addressed condopy. The LPN stated 1 do care plans" and he had received training via MRDDA (now DDS). Neither the March 1, 2007 and addressed condopy. The LPN stated 1 do care plans" and he had received training via MRDDA (now DDS).	CENTER	19 LOK MEDICAVE	& MICUICAID SERVICES			CIVID INC	<u>/. U830-U39)</u>
NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES EACH OPERCENCY MUST BE PRECEDED BY PULL TAG COMPLETIVE TAG SUMMARY STATEMENT OF DEFICIENCIES EACH OPERCENCY MUST BE PRECEDED BY PULL TAG COMPLETIVE TAG				'		COMPL	ETED
RC M OF WASHINGTON (A) ID GENERAL STATEMENT OF DEFICIENCIES TAGGE STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019 (A) ID GENERAL STATEMENT OF DEFICIENCIES GENERAL STATEMENT OF DEFICIENCIES GENERAL STATEMENT OF DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR USE IDENTIFYING INFORMATION) (W 331) Continued From page 13 3. On April 19, 2007, at approximately 9:23 AM, the Designated Nurse LPN stated that Client #2 was seen by his primary care physician (PCP) on the day before (4/18/07) and began receiving Amoxicillin that evening. According to the LPN, the PCP had evaluated the client on April 11, 2007 and diagnosed a urinary tract infection (URI). Client #2 reportedly had recurrent UTIs. When asked if the client wears protective undergarments, the LPN responded "only when he is incontinent." The LPN did not believe that the client had worm protective undergarments since November 2005, when the LPN began employment in the facility. Further interview with the LPN, at approximately 9-45 AM, reveiled that Client #2 received Lactulose daily for treatment of chronic constipation. At 9:52 AM, the Designated Nurse LPN presented Client #2's bowel movement care Plan, dated August 17, 2006, that was in the client's medical book revealed no mention of UTIs or constipation as "Risk Area or Condition." When asked about the omission, the LPN went into the nurse office. He returned 15 minutes later with an updated care plan sheet that was dated March 1, 2007; it addressed urology. The LPN stated that he had found it filed in the ISP book. At 11:11 AM, the LPN presented another update sheet; this one was dated April 7, 2007 and addressed constipation. Review of the two care plan updates revealed the LPN's signature on each. When asked, the LPN stated '1 do care plan's and he had received training yia MRDDA	1		09G072	B. WIN	3		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (W 331) Continued From page 13 3. On April 19, 2007, at approximately 9:23 AM, the Designated Nurse LPN stated that Client #22 was seen by his primary care physician (PCP) on the day before (4/18/07) and began receiving Amoxicillin that evening. According to the LPN, the PCP had evaluated the client on April 11, 2007 and diagnosed a urinary tract infection (URI). Client #2 reportedly had recurrent UTIs. When asked if the client wears protective undergarments, the LPN responded "only when he is incontinent." The LPN did not believe that the client had worn protective undergarments since November 2006, when the LPN began employment in the facility. Further interview with the LPN, at approximately 9:46 AM, revealed that Client #2 received Lactulose daily for treatment of chronic constipation. At 9:52 AM, the Designated Nurse LPN presented Client #2 received Lactulose daily for treatment of chronic constipation. At 9:52 bowel movement chart. At 10:00 AM, review of the Health Management Care Plan, dated August 17, 2006, that was in the client's medical book revealed no mention of UTIs or constipation as "Risk Area or Condition." When asked about the omission, the LPN went into the nurse office. He returned 15 minutes later with an updated care plans sheet that was dated March 1, 2007; it addressed unology. The LPN stated that he had found it filed in the ISP book. At 11:11 AM, the LPN persented another update sheet, this one was dated April 1, 2007 and addressed constipation. Review of the two care plans "and he had received training via MRDDA As per Physicain Order client # wears undergarments a undergarments as needed. Refer to attachment #7 As per Physicain Order client # wears undergarments a needed. Refer to attachment #7 The IMCP has been revised by the RN to include constipation and UTI. In the future, the nursing services will ensure that all of HMCP include all of the new diagnoses, and that they are written, updated, and sign by the RN. Atta	,				1318 45TH PLACE, NE		
3. On April 19, 2007, at approximately 9:23 AM, the Designated Nurse LPN stated that Client #2 was seen by his primary care physician (PCP) on the day before (4/18/07) and began receiving Amoxicillin that evening. According to the LPN, the PCP had evaluated the client on April 11, 2007 and diagnosed a uniary tract infection (URI). Client #2 reportedly had recurrent UTIs. When asked if the client wears protective undergarments, the LPN responded "only when he is incontinent." The LPN did not believe that the client had wom protective undergarments since November 2006, when the LPN began employment in the facility. Further interview with the LPN, at approximately 9:46 AM, revealed that Client #2* bowel movement chart. At 10:00 AM, review of the Health Management Care Plan, dated August 17, 2006, that was in the client's medical book revealed no mention of UTIs or constipation as "Risk Area or Condition." When asked about the omission, the LPN went into the nurse office. He returned 15 minutes later with an updated care plan sheet that was dated March 1, 2007; it addressed urology. The LPN stated that he had found it flied in the ISP book. At 11:11 AM, the LPN presented another update sheet; this one was dated April 1, 2007 and addressed constipation. Review of the two care plan was dated April 1, 2007 and addressed constipation. Review of the two care plans" and he had received training vis MRDDA	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO	ION SHOULD BE HE APPROPRIATE	COMPLETION
2007 update showed evidence that the RN had reviewed the care plan updates, as required.	{W 331}	3. On April 19, 200 the Designated Nur was seen by his pri the day before (4/1 Amoxicillin that eve the PCP had evaluated 2007 and diagnose (URI). Client #2 re When asked if the undergarments, the is incontinent." the client had worm since November 20 employment in the the LPN, at approximate Client #2 received chronic constipation. At 9:52 AM, the De Client #2's bowel mreview of the Health dated August 17, 2 medical book revea constipation as "Risasked about the on nurse office. He re an updated care plan, 2007; it addresses that he had found it 11:11 AM, the LPN sheet; this one was addressed constipation as addressed constipation. When asked plans" and he had in (now DDS). Neithe 2007 update shower	ary at approximately 9:23 AM, are LPN stated that Client #2 mary care physician (PCP) on 8/07) and began receiving aning. According to the LPN, ated the client on April 11, do a urinary tract infection exportedly had recurrent UTIs. Client wears protective at LPN responded "only when The LPN did not believe that protective undergarments 206, when the LPN began facility. Further interview with imately 9:46 AM, revealed that Lactulose daily for treatment of an area of the LPN was in the client's aled no mention of UTIs or sk Area or Condition." When an sheet that was dated March as the that was dated March as the client's aled in the ISP book. At presented another update a dated April 1, 2007 and ation. Review of the two care led the LPN's signature on the March 1, 2007 or April 1, at evidence that the RN had	(W 33	As per Physicain Order client undergarment as needed. Refer to attachment #7 The HMCP has been revised to include constipation and UTI. In the future, the nursing servithat all of HMCP include all cand that they are written, updand sign by the RN.	# wears by the RN to vices will ensure of the new diagnos	

PRINTED: 05/04/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G072 04/19/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE R C M OF WASHINGTON WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID Œ PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) (W 331) Continued From page 14 {W 331} It should be further noted that the two updates were not formatted in the same manner as the clients' other care plans, which made it difficult to review. The sheets used the Portrait format whereas other care plans were printed using the Landscape format. The LPN stated that he was unfamiliar with the computer program. It should be further noted that the March 1, 2007 update included the following procedure: "Gently pull the foreskin of the penis back and wash it and the head." This was assigned to direct care staff, who according to the care plan required An inservice on UTI was completed by the LPN. training. At 4:01 PM, the LPN was asked whether In the future the LPN will train the staff staff had been trained on assisting the client while on the health management care plan each time bathing (specifically the need to clean under the 5-16-07 it revised, and updated. The RN will monitor foreskin). The LPN reported that he had the implementation of the HMCP. conducted "Infection Control" training, to include that topic, on January 5, 2007. However, he was Refer to attanchement #6 unable to locate staff sign-in sheets and/or the agenda of topics covered; therefore the purported training could not be verified. There was no evidence that the Roistered Nurse had monitored the implementation of Client #2's health management care plan. {W 436} 483.470(g)(2) SPACE AND EQUIPMENT {W 436} The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.

This STANDARD is not met as evidenced by: Based on observation, interview and record

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE S COMPLE	
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{W 436}	equipment in good residing in the facili The finding include: Observations on Ap Client #6 walked wi	ailed to maintain adaptive repair for one of the six clients ty. (Client #6) s: oril 19, 2007 revealed that th an unsteady gait. She	{W 4	36)			
en d	leaned forward whill furniture and walls a room. This was obwalked from the din located next to a living she walked from the office and then to the hesitancy and care, support. Staff report that morning (approthe bathroom. At 3 QMRP revealed that	e ambulating, touching as she passed from room to served at 7:42 AM as she ling room to a "favorite" chair ing room window. At 8:22 AM, a living room to the nurse's he restroom with great using furniture and walls for red that she had fallen earlier eximately 6:00 AM) while using 122 PM, interview with the at Client #6 was not prescribed r ambulation (walker,			The ankle orthosis for client #6 has b on 5-23-07 from AliMeds Inc. The co # is G5004. In the future, the LPN will ensure that PT recommendations are followed on timely manner.	mfirmation	6-01-07
	dated August 14, 20 prescribed balance observed her using and he documented assistive device," extended outings ar Further review of the following recommendations are considered as a second control of the following recommendations are considered as a second control of the following recommendations are considered as a second control of the following recommendations are considered as a second control of the following recommendations are considered as a second control of the following recommendations are considered as a second control of the following recommendations are control of the following recomm	ical Therapy assessment, 006, revealed that she was exercises. The PT had furniture and walls for balance I that she "will not use an except for a "wheelchair for hid doctor's appointments." The PT assessment revealed mendation: "purchase a porthosis for her right ankle.	-		The ankle orthosis for client #6 has b on 5-23-07 from AliMeds Inc. The co # is G5004. In the future, the LPN will ensure that PT recommendations are followed on timely manner.	mfirmation	6-01-07
	Designated Nurse L remained without the	80 PM, the QMRP and PN stated that Client #6 e "dynamic ankle foot tle. The LPN said he "just					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE SI COMPLE	
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{W 436}	telephone order wi expected the item Further review of C evidence of the tell behalf. At 3:36 PM	" He reported having placed a ith the supplier and he to be delivered "next week." Client #6's record failed to show lephone order made on her M, the LPN acknowledged that nent his actions anywhere, for	{W 43	The LPN placed a telephone of to document it on the clent's In the future, the nurse will delephone orders are docume upon request.	progress note. ensure that all	4-23-07
	documented evide purchased a dynar Cllent #6's right an PT recommendation eight months befor	survey, there was no ence that the facility had mic ankle foot orthosis for akle. It should be noted that the on was made in August 2006, re this follow-up visit. efficiency. See Federal dated 3/9/07.		The ankle orthosis for client # on 5-23-07 from AliMeds Inc # is G5004. In the future, the LPN will eng PT recommendations are followingly manner.	The comfirmation sure that the	6-01-07
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If continuation sheet 1 of 6

AND PLAN OF CORRECTION IDEN		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED R 04/19/2007	
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{I OOO}	conducted to verify previously identified licensure survey. It based on observati interviews with staff of records including administrative records. Although the facility determined that so	a follow-up survey wa abatement of deficie d during the March 9, The findings of the su ions at the group hom f and residents, and to g incident reports and	as incies 2007 rvey were ne and the review ss, it was s	{i 000}			
{I 206}	annually thereafter, certification that a harmonic performed and that would allow him or duties. This Statute is not Based on record rehave on file for revisor all employees a The findings including the findings including the following recertification survey by the GHMRP to see that a performance of the findings including the first findings including the findings including the findings including the findings including the first findings in the first fin	ior to employment and shall provide a physically provide a physically inventory has been the employee's her to perform the reserview, the GHMRP facew current health centrally. The March 9, 2007 by revealed continued show evidence of current extensions.	ician 's been alth status quired iled to rtificates	{1 206}			
ealth Regul	health certification) //			TITLE		

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 09G072 04/19/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1318 45TH PLACE, NE R C M OF WASHINGTON WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PRÉFIX TAG TAG DEFICIENCY) {| 206} Continued From page 1 {I 206} The health certificates of the following are on file House manager (), Pharmacist, PT one direct care staff []; Psychological Assistant. 5-30-07 - the House Manager []; The nurse () is no longer employed by RCM, - one nurse consultant []; - the Pharmacist; - the PT: - the Nutritionist: - the Speech and Language Therapist; and the - Psychology Assisitant. (1379) 3519.10 EMERGENCIES {1 379} In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other The Qmrp, the nurse as well as the staff unusual incident or event which substantially were in-serviced on the incident management. interferes with a resident's health, welfare, living In the future, the Qmrp will ensure that all arrangement, well being or in any other way incidents (known and unknown origin) are reported places the resident at risk. Such notification shall on the timely manner to the appropriate parties. be made by telephone immediately and shall be followed up by written notification within Refer to attachment #4 twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on observation, interview and record review, GHMRP direct support staff and the Qualified Mental Retardation Professional (QMRP) failed to implement the facility's incident The Omrp, the nurse as well as the staff were in-serviced on the incident management. management policies as written. In the future, the Omrp will ensure that all incidents (known and unknown origin) are reported The finding includes: on the timely manner to the appropriate parties. On April 19, 2007, Resident #4 greeted this Refert to attachment #4 surveyor upon entry to the facility, at 6:57 AM. She pointed to a bruise on her upper left outer arm. The bruise was a dark brown with

Health Regulation Administration

greenish-yellow tint around the outside. A direct support staff person (S1) stated that the client pinches herself. At 7:11 AM, another direct

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Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED DENTIFICATION NUMBER: A. BUILDING B. WING 04/19/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE R C M OF WASHINGTON WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) $\{1379\}$ {1 379} Continued From page 2 support staff person (S2) entered the room and when the client pointed at the bruise, the staff asked her "did you do that?" "How did you do that?" The client was non-verbal but pointed again at the bruise. The staff then told her "we'll have to show that to the nurse." The morning medication nurse arrived at approximately 7:25 AM. At 8:28 AM, Resident #4 showed this surveyor a brownish-green bruise on her upper right arm while seated in the living room. The Designated Nurse arrived to the facility at approximately the same time. Five of the six residents left for day program at approximately 8:50 AM. At 9:20 AM, the House The Qmrp, the nurse as well as the staff Manager answered "no" when asked if anyone were in-serviced on the incident management. had sustained bruises or cuts during the past few In the future, the Qmrp will ensure that all incidents (known and unknown origin) are reported days. [It should be noted that she was aware that on the timely manner to the appropriate parties. a resident had fallen that morning in the bathroom.1 Refert to attachment #4 At approximately 9:48 AM, the medication nurse indicated she was leaving the facility. When asked, she said Resident #4 was "fine" and had not sustained any bruises in recent days. The Designated Nurse was present during the The Behavior Specialist Inserviced on client #4 conversation. When asked at approximately 9:55 BSP, including the proper documentation. 5-16-07 The AM, the Designated Nurse stated that Resident 3rd quarterly addresses the Issue of pinching #4 had pulled her toenail off approximately one herself, and the addendum was completed. 4-28-07. month before. One of the resident's target behaviors in her behavior support plan (BSP) was Refer to attachment # 5 "picking her skin and nails." At 11:08 AM, the QMRP confirmed this and presented the BSP (dated July 2006) and data sheets. At 2:51 PM, the QMRP said there had been no unexplained bruises reported in recent days. Review of Resident #4's nursing progress notes (filed in the Medication Administration Record.) binder) revealed no mention of bruises. The

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		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED R 04/19/2007	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{1 379}	QMRP presented assessment, dated picking at "cuticles excoriated areas of was no evidence, herself or otherwis. The QMRP agreed "pick" describe two review of Resident revealed that she there were no incit. At approximately 3 the QMRP his obstrom the morning previously unawar #4. The QMRP was a approximately 4:5 indicated that there prepared thus far unknown origin. At 5:12 PM, intervifacility's Incident Marevealed that she Resident #4 had be	the resident's psychold July 2006, that addition in the arms and neck the cause bruising to he arms are the cause bruising to he arms to different behaviors at #4's behavior data is the arms of pinching docked at herself dents of pinching dents of pinching docked and interviews of any bruises on Facility of the arms of the province of the arms of the province of the arms of t	ressed her it." There ould pinch her arms. ch" and Further sheets however, cumented her read to we notes at he was desident lity at he port ises of the ator are that or that	(1 379)	The Qmrp, the nurse as well as the were in-serviced on the Incident material in the future, the Qmrp will ensure incidents (known and unknown origon the timely manner to the appropriate to attachment #4 The Behavior Specialist inserviced of BSP, Including the proper document and quarterly addresses the issue of herself. Refer to attachment #5	nagement. that all gin) are report riate parties. n client #4 tation. pinching	4-20-07 ed 5-16-07 The -28-07.
	approximately 6:00 facility's incident in that upon discover bring injuries of urthe House Managethe end of their shoeen assessed the	allen in the bathroom O AM that morning. nanagement policies ry, direct support staf known origin to the a er, QMRP and/or nur ift. While Resident # at morning after the t	The require if should attention of ses before fall,		The Qmrp, the nurse as well as the were in-serviced on the incident m. In the future, the Qmrp will ensure incidents (known and unknown or on the timely manner to the appropriate to attachment #4 The Behavior Specialist inserviced of	anagement. that all gìn) are report riate parties.	4-20-07 ed
	nursing staff until brought it to the at	ses were not assess 5:30 PM, when this s ttention of a Quality A n-site that evening.	urveyor		BSP, including the proper documer The 3rd quarterly addresses the issi herself.	itation.	5-16-07 4-28-07.

1BXE12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 109G072			(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 04/19/2007	
NAME OF P	ROVIDER OR SUPPLIER	0000.2	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE	-
	WASHINGTON			I PLACE, NI TON, DC 20		`
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETE
(1 399)	Continued From pa	age 4		{I 399}	•	
l ' '	- · · · · · · · · · · · · · · · · · · ·	SION SERVICES: G	ENERAL	{1 399}		
	professional staff to necessary professionaccordance with the individual habilitation necessary by the in- professional service limited to, those se- trained, qualified, a	Il have available qual o carry out and moni ional interventions, in the goals and objective on plan, as determinenterdisciplinary team the services provided by in the following s of services:	tor s of every ed to be The not be dividuals ired by			
	This Statute is no On April 19, 2007, and certifications s	inguage therapy; and t met as evidenced b review of profession submitted following the tion survey revealed	oy: nal licenses ne March			
	failure by the GHM current ASHA (Am	MRP to show evidence nerican Speech Languertification on file at t	e of uage			
	recommended Sp	that Resident #2 wa eech Language serv rice had not been imp ey.	ices,			
1 422	3521.3 HABILITA	TION AND TRAININ	G	l 42 2		
	and assistance to	all provide habilitation residents in accorda tividual Habilitation P	nce with		The Speech and Language Assessme completed by the speech pathologist 4-01-07.	
	Based on observa	ot met as evidenced to ation, interview and re RP failed to provide to	ecord			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP IDENTIFICATION 09G072		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA (X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		G	(X3) DATE SURVEY COMPLETED R 04/19/2007				
NAME OF F	PROVIDER OR SUPPLIER		1		STATE, ZIP CODE					
RÇMO	F WASHINGTON .		1318 45T WASHING	H PLACE, N STON, DC 2	E 0019 		DRRECTION (x5)			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE					
I 422	and services in acc	cordance with two of a last last last last last last last la		1 422						
	_	ency Report - Citation	ns W322,							
					· •					
		•								